

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G245		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/09/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 4378 FOURTEENTH LN HOBART, IN 46342			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey. This survey was done in conjunction to the post certification revisit to complaint #IN00093670.</p> <p>Dates of survey: March 5, 6, 7, 8 and 9, 2012</p> <p>Facility number: 000768 Provider number: 15G245 AIM number: 100234520</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 3/22/12 by Tim Shebel, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed for 2 of 2 sampled clients and 1 additional clients (clients #1, #2 and #3) living at the group home, to exercise general operating direction in a manner to ensure routine maintenance was completed.</p> <p>Findings include:</p> <p>A morning observation was conducted on 3/5/12 from 6:20 A.M. until 8:20 A.M.. At 6:55 A.M., client #1 washed his hands and entered the medication room with his hands wet. Client #1 shook his hands trying to dry them. At 7:35 A.M., client #3 washed his hands and entered the medication room with his hands wet. At 7:45 A.M., client #2 washed his hands and entered into the medication room with his hands wet. At 7:55 A.M., the bathroom was observed to have no towel rack, no towels, no paper towel rack and no paper towels for clients #1, #2 and #3 to dry their hands.</p> <p>An interview with Direct Support</p>		W0104	<p>The Property Director will ensure a new towel bar is installed within the next 30 days. (4/3/12) To ensure future compliance staff, the Property Director and Area Manager will monitor the condition of the home and will notify the appropriate persons of any changes.</p>		04/03/2012	

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	<p>Professional (DSP) #1 was conducted on 3/5/12 at 8:00 A.M.. DSP #1 indicated the bathroom had not had a towel rack or paper towels for over a month for clients #1, #2 and #3 to dry their hands.</p> <p>An interview with the Area Manager (AM) was conducted on 3/9/12 at 11:30 A.M.. The AM indicated the towel rack needed to be replaced. No further documentation was available for review to indicate when the towel rack/paper towels would be repaired/replaced.</p> <p>9-3-1(a)</p>						

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 20 medications administered to 2 of 2 sampled clients observed during medication administration (clients #1 and #2) to ensure staff administered the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted on 3/5/12 from 6:20 A.M. until 8:20 A.M.. At 6:55 A.M., client #1 sprayed his Fluticasone Propionate nasal spray into his nostrils. Client #1 sprayed 3 sprays into his right nostril. Direct Support Professional (DSP) #1 began administering client #1's Calcium 500 mg (milligram) with Vitamin D tablet and his Lithium Carb 300 mg capsule with no food. Review of the pharmacy labels indicated: "Fluticasone Propionate...give 1-2 puffs in each nostril...Calcium 500 mg with Vitamin D...take with food/meals...Lithium Carb 300 mg capsule...take with food/meals." DSP #1</p>		W0369	<p>Community Service Nurse will retrain DSPs on proper medication administration, in accordance with physicians' orders. (4/3/12)</p> <p>To ensure future compliance Community Services Nurse, Service Coordinator, Program Specialist or Area Manager will observe at least twice a month for two months and at least monthly thereafter.</p>		04/03/2012	

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	<p>did not administer the medication as directed. At 7:45 A.M., DSP #1 began administering client #2's Potassium capsule. Client #2 chewed his medications. Review of the pharmacy label indicated: "Potassium capsule...1 capsule orally once daily...Do not chew/crush, swallow whole." At 8:05 A.M., clients #1 and #2 were observed eating breakfast.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 3/9/12 at 9:10 A.M.. The LPN indicated DSP #1 should have followed the directions on the label when administering client #1 and client #2's medications. The LPN further indicated when ordered to be taken with food, food should be given immediately with the medications.</p> <p>9-3-6(a)</p>						

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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview the facility failed to secure the medication cabinet keys for 3 of 3 clients living at the group home (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/5/12 from 6:20 A.M. until 8:20 A.M.. From 7:13 A.M. until 7:25 A.M., the medicine file cabinet located in client #1, #2 and #3's unsecured medication area was observed to have the key in the lock while client #1 sat in the room unsupervised. At 7:25 A.M., Direct Support Professional (DSP) #1 was observed entering the unsecured medication area, turned the key to lock the cabinet, and grabbed the key out of the lock and placed the keys in her pocket.</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted at the facility's administrative office on 3/9/12 at 9:10 A.M.. The LPN indicated the medication keys should be kept on the</p>			W0382	<p>Community Service Nurse will retrain DSP's on proper medication administration and keeping medication secure and in its proper place when not in use. (4/3/12) To ensure future compliance the Community Services Nurse will visit group home monthly for three months and at least quarterly thereafter.</p>		04/03/2012

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	<p>DSP's person at all times and should never be left hanging from the medicine cabinet.</p> <p>9-3-6(a)</p>						

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W0388	<p>483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 2 sampled clients (client #1), who received medications, to have the medications labeled from the pharmacy.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/5/12 from 6:20 A.M. until 8:20 A.M.. Client #1's medications were administered by Direct Support Professional (DSP) #1 at 6:55 A.M.. A bottle of Artificial Tears and Fluticasone Propionate was taken from client #1's medication bag. The bottles did not contain client #1's name or instructions for administration. The bottles did not contain a pharmacy label.</p> <p>An interview was conducted on 3/5/12 at 7:05 A.M., with DSP #1. DSP #1 indicated the bottles were for client #1, however the containers with the labels were lost.</p>		W0388	<p>Staff will be retrained to notify the Nurse if a medication container is without a label, and the Nurse will notify the Pharmacy to order a new label.</p>		04/03/2012	

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	<p>A review of client #1's record was conducted on 3/6/12 at 10:45 A.M.. Client #1's March 2012, Physicians Orders (PO) indicated: "Artificial Tears Solution...instill 1-2 drops into each eye 4-5 times a day...Fluticasone Propionate...give 1-2 puffs in each nostril once daily."</p> <p>An interview with the Licensed Practical Nurse (LPN) was conducted on 3/9/12 at 9:10 P.M.. The LPN indicated all medications should have a pharmacy label on them.</p> <p>9-3-6(a)</p>						

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to provide eyeglasses for 1 of 2 sampled clients (client #1) who required eyeglasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/5/12 from 6:20 A.M. until 8:20 A.M.. During the observation period, client #1 did not wear prescribed eyeglasses.</p> <p>An evening observation was conducted at the group home on 3/5/12 from 4:30 P.M. until 7:05 P.M.. During the entire observation period, client #1 did not wear prescribed eyeglasses.</p> <p>A facility owned day program observation was conducted on 3/6/12 from 12:40 P.M. until 1:43 P.M.. During the observation period client #1 did not wear prescribed eyeglasses.</p>			W0436	<p>Service Coordinator will retrain DSPs to assist clients to use and make informed decisions about the use of adaptive equipment. (4/3/12)</p> <p>To ensure future compliance the Service Coordinator will make random visits at least twice monthly for three months and at least monthly thereafter.</p>		04/03/2012

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	<p>Direct Support Professional (DSP) #1 was interviewed on 3/5/12 7:07 A.M.. DSP #1 client #1 wore prescribed eyeglasses. DSP #1 stated, "[Client #1] has eyeglasses but they have been lost for a while."</p> <p>Client #1's record was reviewed on 3/6/12 at 10:45 A.M.. A review of client #1's 6/6/11 vision exam indicated the client was prescribed eyeglasses to wear.</p> <p>An interview with the Service Coordinator (SC) was conducted on 3/9/12 at 9:10 A.M.. The SC indicated client #1's eyeglasses were lost.</p> <p>9-3-7(a)</p>						

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, during medication administration, for 1 of 1 client (client #1) whose oral medications were popped out of the containers onto the client's bare hands.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/5/12 from 6:20 A.M. until 8:20 A.M.. At 6:55 A.M., client #1 was prompted to rub lotion on his bare feet and legs. At 7:00 A.M., Direct Support Professional (DSP) #1 began administering client #1's medications. DSP #1 popped each of client #1's medications onto client #1's bare hands and then instructed client #1 to take his medications. Client #1 did not wash his hands prior to DSP #1 popping his medications onto his bare hands.</p> <p>An interview with the Director of Health Services (DHS) was conducted on 3/9/12 at 11:45 A.M.. The DHS indicated DSP</p>			W0455	<p>The Community Services Nurse will retrain DSPs on infection control and the need for washing and drying hands prior to medication administration and meals. (4/3/12)</p> <p>To ensure future compliance, the Service Coordinator will observe hand washing at the group home two times monthly for three consecutive months and at least monthly thereafter.</p>		04/03/2012

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	<p>#1 should have prompted client #1 to wash his hands prior to administering client #1's medications.</p> <p>9-3-7(a)</p>						